

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION							
NAME (LAST - FIRST - M.I.) ROSITO, ATILIO A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 3151 W HARRISON ST							
STAR NO. 11338	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)						
DATE OF APPOINTMENT 13-APR-1998	EMPLOYEE NO.	LOCATION CODE 092-ALLEY	BEAT OF OCCURRENCE 1134						
UNIT OF ASSIGNMENT 011	BEAT/CALL NO. 1111R	DATE OF OCCURRENCE 08-OCT-2011	TIME 00:02:00						
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK SATURDAY							
HEIGHT 5'08	WEIGHT 220	NO. OF OFFICERS BATTERED <u>1</u>							
WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO									
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____									
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describes _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <ul style="list-style-type: none"> <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER 		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? _____</p> <p>PATROL TYPE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ 							
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				MANNER OF ATTACK <ul style="list-style-type: none"> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) 					
TYPE OF ACTIVITY <ul style="list-style-type: none"> <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RID/TMOG ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) _____ <p>CHARGE _____ IUCR CODE _____</p>		TYPE OF WEAPON/THREAT <ul style="list-style-type: none"> <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ 							
<ul style="list-style-type: none"> <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) _____ <input type="checkbox"/> K. OTHER _____ 		FIREARM USE INFORMATION (Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 							
OFFENDER INFORMATION <table border="1"> <tr> <td>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F</td> <td>RACE BLACK</td> <td>DOB</td> </tr> <tr> <td>OB NO.</td> <td colspan="2">IR NO.</td> </tr> </table>		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB	OB NO.	IR NO.			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB							
OB NO.	IR NO.								
TYPE OF INJURY TO OFFICER <ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE 		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN 							
LIGHTING CONDITIONS AT INCIDENT <ul style="list-style-type: none"> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD 		WEATHER CONDITIONS <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND 							
APPROXIMATE TIME: <u>LOG 1</u> APPROXIMATE TEMPERATURE: <u>70 °F</u>									

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
ROSITO, ATILIO A

STAR NO.
11338
PC0S291

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
BOISSO, JOSEPH W
123
PC0Q117